EXHIBIT "B"

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 2 of 21

| Fill in this information to identify the case: | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors Cc | | | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | | |
| United States Bankruptcy Court for the: Southern District of New York | | | | | | | | |
| Case number 09-50026 (REG) | | | | | | | | |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

| Р | Part 1: Identify the Cla | aim | | | | | | | |
|----|---|--|-------------------|-----------------------------|---------------|-------------------------|--------------|--|--|
| 1. | Who is the current creditor? | Michael Gillis Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor | | | | | | | |
| 2. | Has this claim been acquired from someone else? | ☑ No ☐ Yes. From whom? | | | | | | | |
| 3. | Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? Where should payme different) | | | | ayments to the creditor | be sent? (if | | |
| | | Andrews Myers, PC - ATTN: Lisa M. Norman | | | | | | | |
| | | Name | | | Name | | | | |
| | | 1885 St. James Place, 15th Floor | | | | | | | |
| | | Number Street | | | Number Stre | eet | | | |
| | | Houston | TX | 77056 | | | | | |
| | | City | State | ZIP Code | City | State | ZIP Code | | |
| | | Contact phone 713-850-4200 | | | Contact phone | | | | |
| | | Contact email Lnorman@andrewsmyers.com Contact email | | | | | | | |
| | | Uniform claim identifier for | . , | ts in chapter 13 (if you us | • | | | | |
| 4. | Does this claim amend one already filed? | ☑ No ☐ Yes. Claim number | on court claims | registry (if known) | | Filed on | / YYYY | | |
| 5. | Do you know if anyone else has filed a proof of claim for this claim? | ☑ No ☐ Yes. Who made the | e earlier filing? | | | | | | |

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| 6. | Do you have any number you use to identify the debtor? | ✓ No ☐ Yes. Last | ☑ No ☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: | | | | | |
|---------|---|---------------------|---|---------------------------|--|--|--|--|
| 7. | How much is the claim? | \$_Unliq | quidated at this time. Does this | amount include intere | est or other charges? | | | |
| | | | | | ng interest, fees, expenses, or other kruptcy Rule 3001(c)(2)(A). | | | |
| 3. | What is the basis of the claim? | | · | | injury or wrongful death, or credit card. | | | |
| | Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(Limit disclosing information that is entitled to privacy, such as health care information. | | | | | | | |
| | formation. | | | | | | | |
| | | Personal i | injury claim - ignition switch, DC | DI: 10/23/07 | | | | |
| — 9. | Is all or part of the claim secured? | ✓ No | e claim is secured by a lien on property | | | | | |
| | | | iture of property: | • | | | | |
| | | | | the debtor's principal re | sidence, file a Mortgage Proof of Claim | | | |
| | | _ | Attachment (Official Form | | | | | |
| | | | Motor vehicle Other, Describe: | | | | | |
| | | | Other. Describe: | | | | | |
| | | _ | | | | | | |
| | | | sis for perfection: ach redacted copies of documents, if a | ny that show evidence | of perfection of a security interest (for | | | |
| | | exa | | | or other document that shows the lien has | | | |
| | | Va | lue of property: | \$ | _ | | | |
| | | An | nount of the claim that is secured: | \$ | _ | | | |
| | | An | nount of the claim that is unsecured: | \$ | _(The sum of the secured and unsecured amounts should match the amount in line 7 | | | |
| | | An | nount necessary to cure any default | as of the date of the po | etition: \$ | | | |
| | | Δn | nual Interest Rate (when case was file | od) % | | | | |
| | | | Fixed Variable | 70 | | | | |
| 10 | . Is this claim based on a | ☑ No | | | | | | |
| | lease? | ☐ Yes. Amo | ount necessary to cure any default a | s of the date of the per | ition. \$ | | | |
| 11 | . Is this claim subject to a | ☑ No | | | | | | |
| | right of setoff? | | ntify the property: | | | | | |
| | | <u> </u> | iniy nic property | | | | | |

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| 12. Is all or part of the claim | ☑ No | | | | | | | |
|---|---|---|-----------------------------|----------------------------------|--|--|--|--|
| entitled to priority under 11 U.S.C. § 507(a)? | ☐ Yes. Check | one: | | Amount entitled to priority | | | | |
| A claim may be partly priority and partly | | ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | | | | | | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to \$2 persona | for \$ | | | | | | |
| challed to phonly. | ☐ Wages, bankrup 11 U.S. | ne \$ | | | | | | |
| | | r penalties owed to governmental units. 11 U.S.C. § | 507(a)(8). | \$ | | | | |
| | ☐ Contribu | utions to an employee benefit plan. 11 U.S.C. § 507(| a)(5). | \$ | | | | |
| | _ | specify subsection of 11 U.S.C. § 507(a)() that app | | \$ | | | | |
| | | re subject to adjustment on 4/01/19 and every 3 years after | | or after the date of adjustment. | | | | |
| | | | | | | | | |
| Part 3: Sign Below | | | | | | | | |
| The person completing | Check the appro | priate box: | | | | | | |
| this proof of claim must sign and date it. | ☐ I am the cre | ☐ I am the creditor. | | | | | | |
| FRBP 9011(b). | I am the cre | ☑ I am the creditor's attorney or authorized agent. | | | | | | |
| If you file this claim electronically, FRBP | I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | | | |
| 5005(a)(2) authorizes courts | I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | | | |
| to establish local rules | | | | | | | | |
| specifying what a signature is. | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | | | | |
| A person who files a | | | | | | | | |
| fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. | | | | | | | |
| years, or both. 18 U.S.C. §§ 152, 157, and | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | |
| 3571. | Executed on date 12/12/2017 MM / DD / YYYY | | | | | | | |
| | | IVIIVI / DD / TTTT | | | | | | |
| | Signature | M.Morman | | | | | | |
| | Print the name | of the person who is completing and signing this | s claim: | | | | | |
| | Name | Lisa M. Norman | | | | | | |
| | name | First name Middle name | Last nam | ne | | | | |
| | Title | Attorney | | | | | | |
| | Company | Andrews Myers, PC | | | | | | |
| | | Identify the corporate servicer as the company if the auth | orized agent is a servicer. | | | | | |
| | Address | 1885 St. James Place, 15th Floor | | | | | | |
| | , 1001033 | Number Street | | | | | | |
| | | Houston | TX 7705 | 6 | | | | |
| | | City | State ZIP Code | e | | | | |
| | Contact phone | 713-850-4200 | Email Lnorman@ | andrewsmyers.com | | | | |
| | | | | | | | | |

Official Form 410 Proof of Claim page 3

Save As...

Print

Add Attachment

PROOF OF CLAIM SUMMARY

| Last Name of Claimant | Gillis |
|-----------------------------|--|
| First Name of Claimant | Michael |
| | |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Southern Pines, North Carolina |
| Accident Description | Claimant was a driver when the ignition switch failed and he lost |
| | control of the vehicle and ran off the roadway and struck several |
| | trees. The vehicle then proceeded to roll. |
| Injury Description | Claimant suffered broken back, head injuries and neck injuries. His |
| | injuries necessitated surgery. |
| Airbag Deployed | No |
| | |
| Date of Injury | 10/23/2007 |
| 77 | 2006 101 1 01 1 |
| Year and Model of Vehicle | 2006 and Chevrolet Cobalt |
| 4 4 6 61 1 | |
| Amount of Claim | To be determined (unliquidated) |
| D: G /I'' | NY/A |
| Prior or Current Litigation | N/A |
| Lucy Trial Dames d | Claimant damanda a jumptical to the autout nameitted by law with |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. |
| | §157(e), claimant does not consent to such jury trial being conducted |
| | in the United States Bankruptcy Court for the Southern District of |
| | Texas ("Bankruptcy Court"). |
| | Zamaspiej Court / |
| No Consent to Bankruptcy | By virtue of filing this proof of claim, claimant does not consent to |
| Court Adjudication | the jurisdiction of the Bankruptcy Court and does not waive the right |
| 9 | to dispute the jurisdiction of the Bankruptcy Court to hear any |
| | proceeding, motion or other matter related to this claim or any other |
| | rights of claimant apart from this claim. Claimant hereby expressly |
| | does not consent to this claim being adjudicated in the Bankruptcy |
| | Court. |
| | |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release |
| | any of claimant's rights against any other entity or person that may |
| | be liable for all or part of this claim. |

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| Fill in this information to identify the case: | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors Cc | | | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | | |
| United States Bankruptcy Court for the: Southern District of New York | | | | | | | | |
| Case number <u>09-50026 (REG)</u> | | | | | | | | |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

| Part 1: Identify the C | Claim | | | | | | | |
|--|--|--|-----------------------------|--------------------------------|------------------------|--------------|--|--|
| Who is the current creditor? | Grace Miller Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor | | | | | | | |
| Has this claim been acquired from someone else? | ☑ No □ Yes. From whom? | | | | | | | |
| Where should notices and payments to the creditor be sent? | Where should notice | | | Where should pay different) | yments to the creditor | be sent? (if | | |
| Federal Rule of | | Andrews Myers, PC - ATTN: Lisa M. Norman | | | | | | |
| Bankruptcy Procedure | Name | | | Name | | | | |
| (FRBP) 2002(g) | 1885 St. James Place, 15th Floor | | | November | | | | |
| | Number Street | TV | 77056 | Number Stree | t | | | |
| | Houston City | TX State | 77056 ZIP Code | City | State | ZIP Code | | |
| | • | 0-4200 | | , | Ciale | | | |
| | Contact email Lnorma | an@andrews | myers.com | Contact email | | | | |
| | Uniform claim identifier fo | or electronic payme | nts in chapter 13 (if you u | se one): | | | | |
| 4. Does this claim amend one already filed? | ☑ No ☐ Yes. Claim numb | er on court claim | s registry (if known) _ | | Filed on | O / YYYY | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | ☑ No ☐ Yes. Who made t | he earlier filing? | | | | | | |

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 7 of 21

| you | you have any number use to identify the otor? | No Yes. Last 4 digits of the debtor's account | unt or any number you use | e to identify the debtor: | | | | | |
|----------------|---|--|---|--|--|--|--|--|--|
| 7. Ho v | w much is the claim? | \$ unliquidated at this time | Does this amount includ | de interest or other charges? | | | | | |
| | | | | t itemizing interest, fees, expenses, or other by Bankruptcy Rule 3001(c)(2)(A). | | | | | |
| 3. What clai | at is the basis of the im? | Attach redacted copies of any documents | supporting the claim requ | | | | | | |
| | | Limit disclosing information that is entitled Personal injury claim - ignition sw | | | | | | | |
| | II or part of the claim cured? | Nature of property: Real estate. If the claim is so Attachment (Of Motor vehicle Other. Describe: Basis for perfection: Attach redacted copies of docum | Yes. The claim is secured by a lien on property. Nature of property: □ Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. □ Motor vehicle □ Other. Describe: Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien in the company of t | | | | | | |
| | | Value of property: | \$ | | | | | | |
| | | Amount of the claim that is se | cured: \$ | | | | | | |
| | | Amount of the claim that is un | nsecured: \$ | (The sum of the secured and unsecured amounts should match the amount in line 7. | | | | | |
| | | Amount necessary to cure any | y default as of the date o | of the petition: \$ | | | | | |
| | | Annual Interest Rate (when card) Fixed Variable | se was filed)% | | | | | | |
| | his claim based on a | ☑ No | | | | | | | |
| leas | se? | ☐ Yes. Amount necessary to cure any | default as of the date of | the petition. \$ | | | | | |
| | | ☑ No | | | | | | | |
| | his claim subject to a not of setoff? | ■ No | | | | | | | |

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 8 of 21

| 12. Is all or part of the claim | ☑ No | | | | | | | |
|---|---|--|----------------------------|-----------------|------------------|-----------------------------|--|--|
| entitled to priority under 11 U.S.C. § 507(a)? | | k one: | | | | Amount entitled to priority | | |
| A claim may be partly priority and partly | ☐ Domes | tic support obligations (including C. § 507(a)(1)(A) or (a)(1)(B). | g alimony and child su | oport) unde | r | \$ | | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | | ☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | | | | | | |
| chance to phoney. | bankru | ■ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | | | | | | |
| | ☐ Taxes of | or penalties owed to governmen | ntal units. 11 U.S.C. § § | 507(a)(8). | | \$ | | |
| | ☐ Contrib | utions to an employee benefit p | olan. 11 U.S.C. § 507(a |)(5). | | \$ | | |
| | _ | Specify subsection of 11 U.S.C. | - ' | | | \$ | | |
| | | are subject to adjustment on 4/01/19 | | | begun on or afte | er the date of adjustment. | | |
| | | | | | | | | |
| Part 3: Sign Below | | | | | | | | |
| The person completing this proof of claim must | Check the appro | opriate box: | | | | | | |
| sign and date it. | | —, · · ···· ··· · · · · · · · · · · · · | | | | | | |
| FRBP 9011(b). | I am the cre | ☑ I am the creditor's attorney or authorized agent. | | | | | | |
| If you file this claim | ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | | | |
| electronically, FRBP 5005(a)(2) authorizes courts | I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | | | |
| to establish local rules | | | | | | | | |
| specifying what a signature is. | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | | | | |
| A person who files a | amount of the daini, the deditor gave the debtor credit for any payments received toward the debt. | | | | | | | |
| fraudulent claim could be fined up to \$500,000, | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. | | | | | | | |
| imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | |
| 3571. | Executed on da | te 12/12/2017 | | | | | | |
| | | MM / DD / YYYY | | | | | | |
| | Signature | M. Morman | | | - | | | |
| | Print the name | of the person who is complet | ting and signing this | claim: | | | | |
| | Name | Lisa M. Norman | | | | | | |
| | ramo | First name | Middle name | | Last name | | | |
| | Title | Attorney | | | | | | |
| | | | | | | | | |
| | Company | Andrews Myers, PC | | | | | | |
| | Company | Andrews Myers, PC Identify the corporate servicer as | s the company if the autho | orized agent is | s a servicer. | | | |
| | Company | | | orized agent is | s a servicer. | | | |
| | , , | Identify the corporate servicer as | | rized agent is | s a servicer. | | | |
| | , , | Identify the corporate servicer as 1885 St. James Place, | | rized agent is | s a servicer. | | | |
| | , , | 1885 St. James Place, | | | | | | |

Official Form 410 Proof of Claim page 3

Print

Save As...

Add Attachment

PROOF OF CLAIM SUMMARY

| Last Name of Claimant | Miller |
|-----------------------------|---|
| First Name of Claimant | Grace |
| | |
| Nature of Claim | Personal injuries arising out of motor vehicle accident |
| Accident Location | Fort Lauderdale, Florida |
| Accident Description | Ms. Miller was driving a 2002 Saturn Vue when the left front wheel |
| • | caught in soft soil causing the car to flip and roll over three times. |
| Injury Description | Broken bones in the face, right torn rotator cuff, right arm and right |
| | elbow fractures |
| Airbag Deployed | No |
| | |
| Date of Injury | 03/29/08 |
| | |
| Year and Model of Vehicle | 2002 and Saturn Vue |
| | |
| Amount of Claim | To be determined (unliquidated) |
| | |
| Prior or Current Litigation | No |
| | |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with |
| | respect to the adjudication of this claim. Pursuant to 28 U.S.C. |
| | §157(e), claimant does not consent to such jury trial being conducted |
| | in the United States Bankruptcy Court for the Southern District of |
| | Texas ("Bankruptcy Court"). |
| No Comment to Development | Description of Cities this was of a finished a laise and the second to |
| No Consent to Bankruptcy | By virtue of filing this proof of claim, claimant does not consent to |
| Court Adjudication | the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any |
| | proceeding, motion or other matter related to this claim or any other |
| | rights of claimant apart from this claim. Claimant hereby expressly |
| | does not consent to this claim being adjudicated in the Bankruptcy |
| | Court. |
| | Court |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release |
| | any of claimant's rights against any other entity or person that may |
| | be liable for all or part of this claim. |

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 10 of 21

| Fill in this information to identify the case: | | | | | | | | |
|---|----|--|--|--|--|--|--|--|
| Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors | Сc | | | | | | | |
| Debtor 2 (Spouse, if filing) | - | | | | | | | |
| United States Bankruptcy Court for the: Southern District of New York | | | | | | | | |
| Case number 09-50026 (REG) | | | | | | | | |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

| F | Part 1: Identify the CI | aim | | | | | | |
|----|---|--|------------------------|-------------------------|--------------------------------|------------------------|--------------|--|
| 1. | Who is the current creditor? | Lloyd Shaffer (deceased) Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor | | | | | | |
| 2. | Has this claim been acquired from someone else? | ☑ No ☐ Yes. From whom? | | | | | | |
| 3. | Where should notices and payments to the creditor be sent? | | ices to the creditor | | Where should pay different) | yments to the creditor | be sent? (if | |
| | Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Andrews Myers, PC - ATTN: Lisa M. Norman | | | | | | |
| | | Name | | | Name | | | |
| | | 1885 St. James Place, 15th Floor | | | | | | |
| | | Number Street | | 77050 | Number Stree | t | | |
| | | Houston | TX | 77056 ZIP Code | O:h | 04-4- | ZIP Code | |
| | | City | State | ZIP Code | City | State | ZIP Code | |
| | | Contact phone 713- | 850-4200 | | Contact phone | | | |
| | | Contact email Lnor | man@andrewsr | myers.com | Contact email | | | |
| | | Uniform claim identifier for electronic payments in chapter 13 (if you u | | | se one): | | | |
| 4. | Does this claim amend one already filed? | ☐ No ☑ Yes. Claim nur | mber on court claims | s registry (if known) _ | | Filed on | D / YYYY | |
| 5. | Do you know if anyone else has filed a proof of claim for this claim? | ☑ No ☐ Yes. Who mad | le the earlier filing? | | | | | |

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 11 of 21

| P | Part 2: Give Informatio | n About the Claim as of the Date the Case Was Filed |
|----|--|---|
| 6. | Do you have any number you use to identify the debtor? | No Ses. Last 4 digits of the debtor's account or any number you use to identify the debtor: |
| 7. | How much is the claim? | \$ Unliquidated at this time Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. | What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Personal injury claim - ignition switch (DOI: 02/14/2009) |
| 9. | Is all or part of the claim secured? | No Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle Other. Describe: |
| 10 | . Is this claim based on a lease? | ✓ No ✓ Yes. Amount necessary to cure any default as of the date of the petition. |
| 11 | . Is this claim subject to a right of setoff? | ✓ No ☐ Yes. Identify the property: |

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 12 of 21

| 12. Is all or part of the claim | ☑ No | | | | | | | |
|---|---|---|-----------------------------|----------------|------------------|-----------------------------|--|--|
| entitled to priority under 11 U.S.C. § 507(a)? | Yes. Check | one: | | | | Amount entitled to priority | | |
| A claim may be partly priority and partly | Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | | | | | | | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to \$2 persona | Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | | | | | | |
| change to phony. | bankrup | salaries, or commissions (up total petition is filed or the debto C. § 507(a)(4). | | | | \$ | | |
| | ☐ Taxes o | r penalties owed to governmen | ntal units. 11 U.S.C. § 5 | 607(a)(8). | | \$ | | |
| | ☐ Contribu | utions to an employee benefit p | olan. 11 U.S.C. § 507(a |)(5). | | \$ | | |
| | Other. S | Specify subsection of 11 U.S.C | . § 507(a)() that appl | ies. | | \$ | | |
| | * Amounts a | are subject to adjustment on 4/01/1 | 9 and every 3 years after t | hat for cases | begun on or afte | er the date of adjustment. | | |
| Part 3: Sign Below | | | | | | | | |
| The person completing | Check the appro | priate box: | | | | | | |
| this proof of claim must sign and date it. | ☐ I am the cre | editor. | | | | | | |
| FRBP 9011(b). | ☐ I am the creditor's attorney or authorized agent. | | | | | | | |
| If you file this claim | ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | | | |
| electronically, FRBP 5005(a)(2) authorizes courts | ☐ I am a guar | antor, surety, endorser, or othe | er codebtor. Bankruptcy | Rule 3005 | | | | |
| to establish local rules | | | | | | | | |
| specifying what a signature is. | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | | | | |
| A person who files a | amount of the claim, the creditor gave the deptor credit for any payments received toward the dept. | | | | | | | |
| fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. | | | | | | | |
| years, or both. 18 U.S.C. §§ 152, 157, and | th. I declars under penalty of parium that the foregoing is true and correct | | | | | | | |
| 3571. | | | | | | | | |
| | Signature | n. Norman | | | - | | | |
| | Print the name | of the person who is comple | ting and signing this | claim: | | | | |
| | Name | Lisa M. Norman | | | | | | |
| | | First name | Middle name | | Last name | | | |
| | Title | Attorney | | | | | | |
| | Company | Andrews Myers, PC | | | | | | |
| | | Identify the corporate servicer as | s the company if the autho | rized agent is | s a servicer. | | | |
| | Address | 1885 St. James Place | , 15th Floor | | | | | |
| | | Number Street | | | | | | |
| | | Houston | | TX | 77056 | | | |
| | | City | | State | ZIP Code | | | |
| | Contact phone | 713-850-4200 | | Email Lno | orman@and | rewsmyers.com | | |

Official Form 410 Proof of Claim page 3

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AMENDED PROOF OF CLAIM SUMMARY

| Last Name of Claimant | Shaffer, Deceased | | | | |
|--|---|--|--|--|--|
| First Name of Claimant | Lloyd | | | | |
| | | | | | |
| Nature of Claim | Personal injuries arising out of motor vehicle accident | | | | |
| Accident Location | Yazoo City, Mississippi | | | | |
| Accident Description | Claimant lost control of his vehicle, resulting in fatal injuries to Claimant | | | | |
| Injury Description | Death | | | | |
| Airbag Deployed | Yes | | | | |
| | | | | | |
| Date of Injury | 02/14/09 | | | | |
| | | | | | |
| Year and Model of Vehicle | 2006 Pontiac Grand Prix | | | | |
| | | | | | |
| Amount of Claim | To be determined (unliquidated) | | | | |
| | | | | | |
| Prior or Current Litigation | Yes - Bachelder, et al vs. GM - SDNY | | | | |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). | | | | |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. | | | | |
| December of Dights | The filing of this proof of claim is not intended to visite as a least | | | | |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. | | | | |

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 14 of 21

| Fill in this information to identify the case: | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors Cc | | | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | | |
| United States Bankruptcy Court for the: Southern District of New York | | | | | | | | |
| Case number <u>09-50026 (REG)</u> | | | | | | | | |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

| P | Part 1: Identify the CI | aim | | | | | | | |
|----|---|---|-----------------------|-----------------------------|--------------------------------------|------------------------|--------------|--|--|
| 1. | Who is the current creditor? | Maurice Shaffer Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor | | | | | | | |
| 2. | Has this claim been acquired from someone else? | ☑ No □ Yes. From whom? | | | | | | | |
| 3. | Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notic | | | Where should partification different | yments to the creditor | be sent? (if | | |
| | | Andrews Myers, | , PC - ATTN: Li | sa M. Norman | | | | | |
| | | Name | | | Name | | | | |
| | | 1885 St. James Place, 15th Floor | | | | | | | |
| | | Number Street | | Number Street | | | | | |
| | | Houston | TX | 77056 | | | | | |
| | | City | State | ZIP Code | City | State | ZIP Code | | |
| | | Contact phone 713-850-4200 | | | Contact phone | | | | |
| | | Contact email Lnorr | man@andrewsr | myers.com | Contact email | | | | |
| | | Uniform claim identifier | for electronic paymer | nts in chapter 13 (if you u | se one): | | | | |
| 4. | Does this claim amend one already filed? | ☐ No Yes. Claim num | ber on court claims | s registry (if known) _ | | Filed on |) / YYYY | | |
| 5. | Do you know if anyone else has filed a proof of claim for this claim? | ☑ No ☐ Yes. Who made | the earlier filing? | | | | | | |

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 15 of 21

| 6. | Do you have any number you use to identify the you use to identify the debtor: | | | | | | |
|---------|---|--------------------------|--|---------------------------------|---|--|--|
| 7. | How much is the claim? | <u>\$</u> Unl | ☐ No | | ing interest, fees, expenses, or other | | |
| | | | | charges required by Bar | nkruptcy Rule 3001(c)(2)(A). | | |
| 3. | What is the basis of the | Examples | s: Goods sold, money loaned, lease, serv | ices performed, persona | l injury or wrongful death, or credit card. | | |
| | claim? | Bankruptcy Rule 3001(c). | | | | | |
| | | nformation. | | | | | |
| | | Person | al injury claim - ignition switch (D | OI: 02/14/2009) | | | |
| — 9. | Is all or part of the claim secured? | ☑ No | The claim is secured by a lien on proper | | | | |
| | | | | | | | |
| | Nature of property: ☐ Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortga</i> | | | | | | |
| | | | | m 410-A) with this <i>Proof</i> | | | |
| | | | ☐ Motor vehicle ☐ Other, Describe: | | | | |
| | | | Utner. Describe: | | | | |
| | | | | | | | |
| | | | Basis for perfection: Attach redacted copies of documents, if | any that show evidence | of perfection of a security interest (for | | |
| | | | | | , or other document that shows the lien has | | |
| | | | Value of property: | \$ | | | |
| | | | Amount of the claim that is secured: | \$ | | | |
| | | | Amount of the claim that is unsecured | d: \$ | (The sum of the secured and unsecured amounts should match the amount in line 7 | | |
| | | | Amount necessary to cure any defaul | t as of the date of the p | petition: \$ | | |
| | | | Annual Interest Rate (when case was f ☐ Fixed ☐ Variable | led)% | | | |
| 10 | . Is this claim based on a | ☑ No | | | | | |
| | lease? | | Amount necessary to cure any default | as of the date of the pe | etition. \$ | | |
| 11 | . Is this claim subject to a | ✓ No | | | | | |
| | right of setoff? | | dentify the property: | | | | |
| | | - 100.1 | dentity the property. | | | | |

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 16 of 21

| 12. Is all or part of the claim | ☑ No | | | | | | |
|---|--|--|---|--|--|--|--|
| entitled to priority under 11 U.S.C. § 507(a)? | ☐ Yes. Check | one: | | Amount entitled to priority | | | |
| A claim may be partly priority and partly | | □ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). □ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | | | | | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to \$2 persona | | | | | | |
| challed to phonly. | bankrup | salaries, or commissions (up to \$12,850*) earnetcy petition is filed or the debtor's business ends C. § 507(a)(4). | d within 180 days , whichever is ear | before the selection selec | | | |
| | _ | r penalties owed to governmental units. 11 U.S.0 | C. § 507(a)(8). | \$ | | | |
| | O Contribu | tions to an employee benefit plan. 11 U.S.C. § 5 | 07(0)(5) | \$ | | | |
| | _ | | | φ | | | |
| | ☐ Other. S | pecify subsection of 11 U.S.C. § 507(a)() that | applies. | \$ | | | |
| | * Amounts a | re subject to adjustment on 4/01/19 and every 3 years a | after that for cases b | pegun on or after the date of adjustment. | | | |
| | | | | | | | |
| Part 3: Sign Below | | | | | | | |
| The person completing | Check the appro | priate box: | | | | | |
| this proof of claim must | | | | | | | |
| sign and date it. FRBP 9011(b). | ✓ I am the creditor.✓ I am the creditor's attorney or authorized agent. | | | | | | |
| If you file this claim | I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | | |
| electronically, FRBP | I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | | |
| 5005(a)(2) authorizes courts to establish local rules | | | | | | | |
| specifying what a signature is. | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the | | | | | | |
| | amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | | | |
| A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. | | | | | | |
| years, or both. 18 U.S.C. §§ 152, 157, and | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| 3571. | Executed on date | = 12/12/2017 MM / DD / YYYY | | | | | |
| | ^ | | | | | | |
| | Signature | am Morman | | | | | |
| | Print the name | of the person who is completing and signing | this claim: | | | | |
| | Name | Lisa M. Norman | | | | | |
| | Name | First name Middle name | | Last name | | | |
| | Title | Attorney | | | | | |
| | Company | Andrews Myers, PC | | | | | |
| | Company | Identify the corporate servicer as the company if the | authorized agent is | a servicer. | | | |
| | | 4005 Ot James Black A5th Flack | | | | | |
| | Address | 1885 St. James Place, 15th Floor | | | | | |
| | | Number Street | TX | 77056 | | | |
| | | Houston City | State | ZIP Code | | | |
| | | • | | | | | |
| | Contact phone | 713-850-4200 | Email LNOI | rman@andrewsmyers.com | | | |

Official Form 410 Proof of Claim page 3

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AMENDED PROOF OF CLAIM SUMMARY

| Last Name of Claimant | Shaffer | | | | |
|--|---|--|--|--|--|
| First Name of Claimant | Maurice | | | | |
| | | | | | |
| Nature of Claim | Personal injuries arising out of motor vehicle accident | | | | |
| Accident Location | Yazoo City, Mississippi | | | | |
| Accident Description | Claimant was a passenger in a vehicle that lost control, resulting in | | | | |
| _ | serious and permanent injuries to Claimant | | | | |
| Injury Description | Broken ribs, Broken Collar Bone; Burns on arms and face, head | | | | |
| | trauma, back and leg injuries, memory loss | | | | |
| Airbag Deployed | Yes | | | | |
| | | | | | |
| Date of Injury | 02/14/09 | | | | |
| | | | | | |
| Year and Model of Vehicle | 2006 Pontiac Grand Prix | | | | |
| | | | | | |
| Amount of Claim | To be determined (unliquidated) | | | | |
| | - | | | | |
| Prior or Current Litigation | Yes - Bachelder, et al vs. GM - SDNY | | | | |
| | | | | | |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). | | | | |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. | | | | |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. | | | | |

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 18 of 21

| Fill in this information to identify the case: | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors Cc | | | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | | |
| United States Bankruptcy Court for the: Southern District of New York | | | | | | | | |
| Case number <u>09-50026 (REG)</u> | | | | | | | | |

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

| | eart 1: Identify the CI | aim | | | | | | | | |
|----|---|--|--|----------------------------|--------------------------------|------------------------|--------------|--|--|--|
| 1. | Who is the current creditor? | | Alike Taylor ame of the current creditor (the person or entity to be paid for this claim) ther names the creditor used with the debtor | | | | | | | |
| 2. | Has this claim been acquired from someone else? | ☑ No ☐ Yes. From w | hom? | | | | | | | |
| 3. | Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should no | otices to the creditor | be sent? | Where should pay different) | yments to the creditor | be sent? (if | | | |
| | | Andrews Mye | rs, PC - ATTN: Lis | sa M. Norman | | | | | | |
| | | Name | Name Name | | | | | | | |
| | | 1885 St. James Place, 15th Floor | | | | | | | | |
| | | Number Street | | Number Street | | | | | | |
| | | Houston | TX | 77056 | | | | | | |
| | | City | State | ZIP Code | City | State | ZIP Code | | | |
| | | Contact phone 713 | 3-850-4200 | | Contact phone | | | | | |
| | | Contact email Lnorman@andrewsmyers.com | | | Contact email | | | | | |
| | | Uniform claim identi | iier for electronic paymen | ts in chapter 13 (if you u | se one): | | | | | |
| 4. | Does this claim amend one already filed? | ☑ No ☐ Yes. Claim n | umber on court claims | registry (if known) | | Filed on |) / YYYY | | | |
| 5. | Do you know if anyone else has filed a proof of claim for this claim? | ☑ No ☐ Yes. Who ma | ade the earlier filing? | | | | | | | |

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| 6. | Do you have any number you use to identify the debtor? | | | | | | | |
|----|--|---|--|--|--|--|--|--|
| 7. | How much is the claim? | \$ unliquidated at this time Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). | | | | | | |
| 8. | What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Personal injury claim - ignition switch (DOI: 12/27/2000) | | | | | | |
| 9. | Is all or part of the claim secured? | No | | | | | | |
| 10 | Is this claim based on a lease? | ✓ No ✓ Yes. Amount necessary to cure any default as of the date of the petition. | | | | | | |
| 11 | ls this claim subject to a right of setoff? | ✓ No ✓ Yes. Identify the property: | | | | | | |

09-50026-mg Doc 14195-2 Filed 12/12/17 Entered 12/12/17 16:23:08 Exhibit B Pg 20 of 21

| 12. Is all or part of the claim | ☑ No | | | | | | |
|---|---|---|---------------------------|-----------|-------------------|-----------------------------|--|
| entitled to priority under 11 U.S.C. § 507(a)? | Yes. Check | cone: | | | | Amount entitled to priority | |
| A claim may be partly priority and partly | ☐ Domest | ic support obligations (includin C. § 507(a)(1)(A) or (a)(1)(B). | \$ | | | | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | | 2,850* of deposits toward purclal, family, or household use. 11 | \$ | | | | |
| challed to phony. | bankrup | salaries, or commissions (up totcy petition is filed or the debto C. § 507(a)(4). | | | | \$ | |
| | ☐ Taxes o | or penalties owed to governmen | ntal units. 11 U.S.C. § 5 | 07(a)(8). | | \$ | |
| | ☐ Contribu | utions to an employee benefit p | olan. 11 U.S.C. § 507(a |)(5). | | \$ | |
| | _ | Specify subsection of 11 U.S.C | - , | | | \$ | |
| | | are subject to adjustment on 4/01/1 | | | s begun on or aft | er the date of adjustment. | |
| | | | | | | | |
| Part 3: Sign Below | | | | | | | |
| The person completing this proof of claim must | Check the appro | ppriate box: | | | | | |
| sign and date it. | I am the cre | editor. | | | | | |
| FRBP 9011(b). | ☑ I am the creditor's attorney or authorized agent. | | | | | | |
| If you file this claim electronically, FRBP | I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | | |
| 5005(a)(2) authorizes courts | ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | | |
| to establish local rules | | | | | | | |
| specifying what a signature is. | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | | | |
| A person who files a | amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | | | |
| fraudulent claim could be fined up to \$500,000, | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. | | | | | | |
| imprisoned for up to 5 years, or both. | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| 18 U.S.C. §§ 152, 157, and 3571. | 40/40/0047 | | | | | | |
| | Executed on dat | te 12/12/2017 MM / DD / YYYY | | | | | |
| | Signature | 1m.porman | | | - | | |
| | Print the name | of the person who is comple | ting and signing this | claim: | | | |
| | Name | Lisa M. Norman | | | | | |
| | | First name | Middle name | | Last name | | |
| | Title | Attorney | | | | | |
| | Company | Andrews Myers, PC | | | | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | | | | | |
| | Address | 1885 St. James Place | , 15th Floor | | | | |
| | | Number Street | | | | | |
| | | Houston | | TX | 77056 | | |
| | | City | | State | ZIP Code | | |
| | Contact phone | 713-850-4200 | | 1 | | drewsmyers.com | |

Official Form 410 Proof of Claim page 3

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PROOF OF CLAIM SUMMARY

| Last Name of Claimant | Taylor |
|--|---|
| First Name of Claimant | Mike |
| | |
| Nature of Claim | Personal injuries and death arising out of motor vehicle accident |
| Accident Location | Waterford Township, MI |
| Accident Description | Claimant was the driver's son. She was involved in a motor vehicle accident on December 27, 2000 in which she was injured in a frontal impact collision. The airbags did not deploy and she suffered blunt force trauma, a right broken femur and loss of consciousness. |
| Injury Description | Claimant's mother suffered blunt force trauma, a broken right femur, amputation of her right leg and she was never able to regain consciousness. She was kept alive by a ventilator for 4 months before she passed away from her injuries. |
| Airbag Deployed | No |
| | |
| Date of Injury | 12/27/2000 |
| | |
| Year and Model of Vehicle | 1999 and Pontiac Grand Am |
| | |
| Amount of Claim | To be determined (unliquidated) |
| | |
| Prior or Current Litigation | No |
| | |
| Jury Trial Demand | Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court"). |
| | |
| No Consent to Bankruptcy Court Adjudication | By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court. |
| Reservation of Rights | The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim. |